

Indian Health Service Rockville MD 20852

NOV - 5 2003

TO:

Area Directors

FROM:

Director

SUBJECT:

Electronic Health Record Site Selection--ACTION

One of my highest priorities is the deployment of the Indian Health Service - Electronic Health Record (IHS-EHR) to 20 IHS, Tribal, or Urban (I/T/U) Indian health program sites by the end of fiscal year (FY) 2004. To support this effort, I am instructing each Area Director to identify two candidate sites from the Area and submit them to Mr. Keith Longie, Chief Information Officer (CIO), IHS, by November 14. The IHS-EHR program leadership will select the sites for implementation and notify you by December 1. Please refer to the attached guidance page for assistance in making your recommendations. Selected sites will be expected to be able to meet the listed prerequisites and devote the appropriate resources for the success of the project. Technical assistance, implementation support, and training will be provided by the EHR project team. Further information to help you identify sites and prepare for the IHS-EHR implementation may be found on the IHS Web site at www.ihs.gov/cio/ehr.

Vincent Berkley, D.O., Acting Chief Medical Officer, IHS, and Mr. Longie will provide executive direction to ensure that the IHS-EHR continues to build on our well-established history of appropriately applying information technology to the delivery of health care and the management of health programs. Howard Hays, M.D., Medical Informatics Consultant to the Office of Management Support, Division of Information Resources, will serve as the IHS-EHR Program Director, ensuring that the IHS-EHR is successfully developed, tested, and deployed. Many other individuals from our health programs and information technology staff are also committed to this effort.

The IHS-EHR prototype underwent testing at the Crow Agency Public Health Service Indian Hospital during the past year. Final revisions are now being made in preparation for the alpha testing of the IHS-EHR, version 1.0, during the first quarter of calendar year 2004. Of the two sites you select, the first will serve as your initial deployment site and your Area demonstration and training site for subsequent deployments. Your second site selection will be the next in line to deploy the IHS-EHR. Some of the initial deployment sites will be identified by Dr. Hays as formal beta test locations.

Full implementation at all I/T/U locations is planned by the end of FY 2008. This ambitious target has been presented to the Office of Management and Budget as the Program Assessment Rating Tool review of the IHS Resource and Patient Management System. To assist in this

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effort, I have identified additional resources devoted to the creation of a strong agency-wide information technology infrastructure. Some of the resources will be available to assist you in this effort. Successful completion of this project, however, will require the commitment of recurring appropriated funds and third-party revenue along with process changes that enable us to take full advantage of available technology. Dr. Berkley and Mr. Longie will begin a dialogue with us on the factors for IHS-EHR success at the upcoming Indian Health Leadership Council meeting in Rockville.

If you have any questions or wish to discuss factors that might be taken into consideration for selecting sites, please contact Dr. Hays on (907) 729-5241, or at his e-mail address: ghhays@anmc.org.

Charles W. Grim, D.D.S., M.H.S.A.

Assistant Surgeon General

Attachment

cc:

Area Chief Medical Officers

Director, DIR

Indian Health Service Electronic Health Record Program

Prerequisites for Site Selection

The following are prerequisites for early implementation of the IHS-Electronic Health Record (EHR) to be used by the Indian Health Service (IHS) Area Office leadership in identifying sites that are good EHR candidates. These factors are likely to contribute to successful implementation of the EHR. Area Directors are encouraged to use their judgment and knowledge of individual programs in making recommendations to the EHR Program. A site with strong clinical and administrative leadership and enthusiasm for the EHR may have a better chance of success than a technologically advanced facility without such leadership.

- The site has an identified clinical champion (preferably a physician) for the EHR.
- The site has strong administrative support for implementation of the EHR.
- The site has identified a cross-departmental team that will work together to prepare the facility and staff for EHR implementation.
- The site has made a commitment to, and identified resources for, all necessary upgrades to network infrastructure and computer hardware.
- The site is already using various components of the Resource and Patient Management System.
- The site has experience using process-changing applications such as PCC-Plus, IHS Patient Chart, Lab Electronic Signature, Ward Order Entry for Lab, etc.
- The site's administrative and medical staff are willing to accept a period, possibly prolonged, of decreased provider productivity during the implementation phase.
- The site has a history of stability (relatively low turnover) of medical staff.
- The site is committed to providing real-time application support for clinical users (typically by hiring one or more clinical application coordinators).
- The site has local information resources management staff who are able to install (with assistance from the Area Office and the Information Technology Support Center) the EHR applications, maintain the local network and hardware infrastructure, and provide real-time technical support to the site's EHR users.
- The site is committed to a broad scope of business process redesign that will be required in order to implement and succeed with the EHR.
- The site's medical, administrative, and support staffs are willing to engage in an ongoing evaluation of the usability and impact of the EHR.
- The site's Governing Body and relevant Tribal leadership are aware and supportive of the organization's plans to implement the EHR.

The IHS-EHR Program will select four to five facilities from among the Area Director recommendations as formal beta test sites. Beta test sites will meet as many of the above criteria as possible and will represent a geographic and programmatic cross-section of the Indian health care system. Two hospitals (small and medium) and two to three clinic facilities (also of varying size) will be selected. At least one of the beta test sites will be a tribally operated organization. Please contact Dr. Howard Hays, EHR Program Director, for further information on (907) 729-5241, or at his e-mail address: ghhays@anmc.org.